



## Application Data Sheet

### Application Information

Application number::	10/722,209
Filing Date::	11/24/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??:	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?:	
Number of copies of CRF::	
Title::	STEERABLE ULTRASOUND CATHETER
Attorney Docket Number::	021577-000900US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: HENRY  
Middle Name::  
Family Name:: NITA  
Name Suffix::  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2047 Seabrook Court  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JEFF  
Middle Name::  
Family Name:: SARGE  
Name Suffix::  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 647 Lonsdale Avenue  
City of Mailing Address:: Fremont  
State or Province of mailing address:: CA

Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94539

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name:: FLOWCARDIA, INC.  
Street of mailing address:: 745 North Pastoria Ave.  
City of mailing address:: Sunnyvale  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94085